

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. <div style="font-size: 1.2em;">10613595</div>	FILING DATE <div style="font-size: 1.2em;">07.03.03</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			*		*		*	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS	12						TOTAL CLAIMS						